

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568763

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		10		1		
5		10		1		
6		10		1		
7		10		1		
8		10		1		
9		10		1		
10		10		1		
11		3		1		
12	/		/			
13		1		1		
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TOTAL IND.	13		8			
TOTAL DEP.	29	←	13	←		
TOTAL CLAIMS	42		21			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←

BEST AVAILABLE COPY